	Effective December 8, 2004														Application or Docket Number						
	CLAIMS AS FILED - PART I														0	15	29	60	6		
	-			0	~***	IO AS PI	NOTICED - PARTI						SMALL ENTI					(OTHE	R THAI	
U.S. NATIONAL STAGE FEES							(Column 1)		(Column 2)			TYPE			OR			S	MALL	ENTIT	
	BASIC FEE							1_				RATE			FEE	EE _			ATE	FE	
							LL ENT. = \$ 150	 	LARGE ENT = \$ 300			BASIC FEE			15	0	OR	BASIC	FEE	7	
	EXAMINATION FEE SEARCH FEE					(4)	s PCT Article 33(1) = \$50 / \$100	All other situations = \$ 100 / \$ 200 All other situations = \$ 250 / \$ 500				EXA	M. FEE	1	/ bx	2		EXAM, F	EE	1	
						ALLO	SA = \$50/\$100 ther countries = 200/\$400				7	SEA	RCH FE	ε ఎ	-ac	2		SEARCH	FEE		
FEE FOR EXTRA SPEC. PGS.							minus 100 =	/ 50 =			7	X	=		7	X \$ 2		50 =			
TOTAL CHARGEABLE CLAIMS						80	minus 20 =		60 *			X:	25 =	1,	500	1.	or	X \$ 50	0 =		
	INC	DEPENDEN	NT C	CLAIMS		1//	minus 3 =		8				x \$ 100 = 8				OR -		< \$ 200 =		
ľ	MU	LTIPLE DE	PEI	NDENT CLAIN	A PF	RESENT			[7	1	+\$	180 =			1	_ }-	+ \$ 360	-+		
F	• 11	the differ	enc	e in column	1 is	less than	zero, enter "0"	in co	olumn 2		<i>]</i> [10	TAL	127	150	Į	n L	TOTAL			
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMAL												ALL E	ENTIT	OTHER THAN TITY OR SMALL ENTITY						
		1		CLAIMS REMAINING			PRESENT			Γ			ADC)I-		Γ		T			
5				AFTER AMENOMENT			PREVIOUS PAID FOR	Y EXTRA				RAT	Έ	TION			RATE			ONAL FEE	
AMENDMENT		Total Independent		•		Minus	0.4	=				X \$ 25	5 =		7	OR	×	\$ 50 = \$ 200 =	7		
AME	4			•	1	Minus	eas .			7	X	\$ 100) =)R	X \$		1		
	FIRST PRE		SE	SENTATION OF MULT		LTIPLE DE	IPLE DEPENDENT CLAIM					\$ 180	180 =		OR		+ \$ 360 =		1		
											TO	TAL AD	or.] o	R		L ADOIT			
				(Column 1)			(Column 2)	,	Caluma 2)				-								
		otal		CLAIMS REMAINING AFTER AMENOMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	T	Column 3) PRESENT EXTRA		F	RATE	η	ADDI- IONAL FEE	1	ſ	RATE		AD TION	IAL	
	Tot				Mia	านร	44	=			X 4	25 =	I^{-}		OR	Γ	X\$5	\$ 50 =		\neg	
1	Inde	pendent	٠		Min	KUS	444	=	=		X\$	100 =			OR	7	X \$ 200 =				
	FIF	RST PRESI	ENT	ATION OF M	ULT	IPLE DEPE	NDENT CLAIM				+\$	180 =	80 =		OR +\$3		+ \$ 36	60 =		7	
	TOTAL ADOIT.													OR TOTAL ADDIT.					\exists		
	•																			7	
K C	If the entry in column 1 is less than the entry in column 2, write "O" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.																				

FORM PTO-876 (Rev. 02/2005)

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